

Division of Health Care Facilities				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  TN7601	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	
		(X3) DATE SURVEY COMPLETED  05/31/2012		
NAME OF PROVIDER OR SUPPLIER  HUNTSVILLE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 287 BAKER STREET HUNTSVILLE, TN 37756		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 000	Initial Comments  An onsite investigation was conducted for complaints #29037, #29362 and #29777, during the annual recertification survey on May 29-31, 2012, at Huntsville Manor. No deficiencies were cited related to the complaints.	N 000	N643 1200-8-6-.06(3)(i) Basic Services  Corrective action(s) accomplished for those personnel found to have been affected by the deficient practice; 1. Current employees have been interviewed and noted of the current acceptance/denial of the influenza vaccine for 2011/2012 and placed in their employee health file.  Completion date: June 20, 2012	
N 643	1200-8-6-.06(3)(i) Basic Services  (3) Infection Control.  (i) The facility shall have an annual influenza vaccination program which shall include at least:  1. The offer of influenza vaccination to all staff and independent practitioners or accept documented evidence of vaccination from another vaccine source or facility;  2. A signed declination statement on record from all who refuse the influenza vaccination for other than medical contraindications;  3. Education of all direct care personnel about the following:  (i) Flu vaccination,  (ii) Non-vaccine control measures, and  (iii) The diagnosis, transmission, and potential impact of influenza;  4. An annual evaluation of the influenza vaccination program and reasons for non-participation;  5. The requirements to complete vaccinations or declination statements are suspended by the Medical Director in the event of a vaccine	N 643	Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken: 2. 100% audit completed of all current employees to ensure "Employee Consent to Administer Influenza Vaccine" "Employee Declination of Annual Influenza Vaccination" is in the employee health file.  Completed on: June 29, 2012  Measures/systematic changes put in place to ensure the deficient practice does not recur; 3. In-service completed by Administrator with Risk Manager on the "Influenza Vaccine Policy", the "Employee Consent to Administer Influenza Vaccine" form, and "Employee Declination of Annual Influenza Vaccination" form.  Completion date: June 15, 2012  The "Employee Consent to Administer Influenza Vaccine" form, and "Employee Declination of Annual Influenza Vaccination" form have been added to the Risk Manager Seasonal checklist form.  Completion date: June 15, 2012	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X5) DATE

*Administrator*

6-15-12

If continuation sheet 1 of 2

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Division of Health Care Facilities

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N 643	<p>Continued From page 1</p> <p>shortage.</p> <p>This Rule is not met as evidenced by: Based on review of employee personnel files and interview, the facility failed to maintain documentation of the Influenza vaccination acceptance or declination for five of five records reviewed.</p> <p>The findings included:</p> <p>Review of five personnel files revealed no documentation of acceptance or declination forms for the influenza vaccination in five of five records reviewed.</p> <p>Interview on May 31, 2012, at 10:10 a.m., at the nurse's station, with the Administrator, confirmed there was no documentation of acceptance or declination of influenza vaccination for the five employees.</p>	N 643	<p>Monitoring of corrective action to ensure the deficient practice will not recur;</p> <p>4. Administrator will audit 6 health records a month during the flu season beginning October 1 to ensure current documentation of the influenza vaccination acceptance or declination is on file. (ongoing)</p> <p>Results will be provided to the Quality Assurance Committee.</p> <p>Overall findings will be reported to the NHA immediately when policy is not adhered to.</p> <p>Failure to adhere to facility policy will be considered a violation. Violations will result in disciplinary action in accordance with the facility progressive disciplinary policy.</p> <p>Report of overall findings and subsequent disciplinary action, if applicable will be reported to the facility Quality Assurance (QA) Committee (consisting of DON, Medical Director, ADON, NHA, Risk Manager, MDSC, Pharmacy Consultant, Registered Dietician, Wound Care Nurse) to review the need for continued intervention or amendment of plan.</p> <p>5. Completion date: July 15, 2012</p>	7/15/12